

ISF061

C 6/02

R 8/06

**INTEGRATED STATEWIDE INFORMATION SYSTEMS  
HUMAN RESOURCES AGENCY CONTACT  
SETUP/CHANGE FORM**

**DEPT NO:** \_\_\_\_\_

**AGY / PERSONNEL AREA:** \_\_\_\_\_

**AGY / ORGANIZATION / DEPT NAME:** \_\_\_\_\_

*(Agency, Organization or Department Name Where Contact is Employed)*

**CONTACT INFORMATION:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Messenger Mail:** ☐ Yes ☐ No

**Remedy Userid:**  
*(Required for HR Security)* \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**HR Role:** ☐ **HR Director**  
*(Select only one)* ☐ **EA Manager**  
☐ **Time Super User**

**PTMW Liaison:** ☐ **Primary**  
*(Select only one)* ☐ **Alternate**

**HR Security Admin:** ☐ **Primary**  
*(Select only one)* ☐ **Alternate**

*Note: Authorizes contact to sign and submit  
the electronic and paper versions of  
security related forms to OIS for  
processing.)*

**AGENCY(S) / PERSONNEL AREA(S) RESPONSIBLE FOR:** *(List each agency / personnel area for HR role selected above)*

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Authorization** *(Undersecretary or Appointing Authority)*

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
*(Please Print)*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For information concerning submission of completed forms:  
<http://www.doa.louisiana.gov/OIS/service/forms/submission.htm>